

STATE OF LOUISIANA

BACKUP SCHEDULING FORM

For "AD HOC" Sessions

Fax one (1) copy to the BellSouth Video Conferencing Center at 1-800-362-9137
To call the BellSouth Video Conferencing Center, dial 1-800-777-8805

Requested by: _____	Phone Number: _____
Return Fax Number: _____	Today's Date: _____
Session Name: _____	
Institution/Agency Name: _____	
Request: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel If change or cancel, list conference ID: _____	

First Choice Date: _____ through End Date: _____	
Central Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Central End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Alternate Choice Date: _____ through End Date: _____	
Central Start Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Central End Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Optional:	
1. Maintaining same session length, the session may be started ____ minutes earlier or ____ minutes later to avoid scheduling conflicts.	
2. Session may be shortened by adjusting start time ____ minutes later or end time ____ minutes earlier to avoid scheduling conflicts.	
Comments: _____	
Type of Session: <input type="checkbox"/> Point-to-point <input type="checkbox"/> Multi-point <input type="checkbox"/> Guest Video Speed: _____	
Optional Features: <input type="checkbox"/> Audio add-on <input type="checkbox"/> T.120 <input type="checkbox"/> Monitored/Attended option <input type="checkbox"/> Continuous Presence	
Originating Host Site Name (As listed in Web Scheduler):	
1. _____	
Receiving Sites (As listed in Web Scheduler):	
2. _____	3. _____
4. _____	5. _____
6. _____	7. _____
8. _____	9. _____

Note: Host site accepts responsibility for payment of all charges billed by BellSouth for non-BellSouth certified "Guest Sites"

Authorized Customer Signature: _____ Date: _____

To be filled out by BellSouth Only:		
Confirmed by: _____	Session ID: _____	Return Fax Date: _____
Scheduled: <input type="checkbox"/> 1 st Choice at Time <input type="checkbox"/> Alternate Choice at Time		

Instructions For Backup Scheduling Form For Ad Hoc Sessions (OTM-27) (7/03)

Requested By: Requester/coordinator name.

Phone Number: Telephone number of person requesting conference.

Return Fax Number: Fax number of person requesting conference.

Today's Date: Date form is prepared.

Session Name: Name to assign to conference.

Institution/Agency Name: Name of site requesting conference (host).

Request: Check if new, change, or cancel. If change or cancel, list conference ID.

First Choice Date: Preferred date range for conference (from and to dates).

Central Start Time: Time conference is to start. Also check AM or PM.

Central End Time: Time conference is to end. Also check AM or PM.

Alternate Choice Date: Second choice date range for conference (from and to dates).

Central Start Time: Alternate time for conference to start. Also check AM or PM.

Central End Time: Alternate time for conference to end. Also check AM or PM.

Optional: If conference time may be adjusted to avoid scheduling conflicts, indicate number of minutes conference time may be 1) moved or 2) shortened.

Comments: Comments that may be useful for scheduling the conference.

Type of Session: Check applicable conference type.

Video Speed: Indicate video speed.

Optional Features: If desired, check any optional features.

Originating Host Site Name: Name of host site as listed in Web Scheduler.

Receiving Sites: Names of receiving sites as listed in Web Scheduler.

Authorized Customer Signature: Signature of requester/coordinator submitting request.

Date: Date form submitted to BellSouth.

To Be Filled Out by BellSouth Only: For BellSouth use only.